Amendment I made 4.17.11 to the following sections:

- Changes made in the Technical Assistance Opportunities for Potential Applicants information to reflect accurate time zone information for May 25, 2011 conference callfrom 1:00 pm to 2:00 pm by deleting Central and replacing with Mountain time zone;Deleted Pacific time zone from the May 25, 2011 conference call from 2:00 pm to 3:00 pm and added passcode number; Changed Four to Three June 14, 2011 Post-Letter of Intent Submission 10:00 am to 11:30 am conference call; and added Mountain time zone to the June 14, 2011 1:00 to 2:30 conference call.

- **Appendix C:** Entered an active web link on page 10 for the **Guide to Clinical Preventive Services 2010-2011;** Entered an active web link on page 10 for the Community Guide; Entered an active web link on page 10 for the **Get With the Guidelines Advantage;** and change the web link on page 12 for **Community Health Workers' Sourcebook.**

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Public Prevention Health Fund: Community Transformation Grants

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-DP11-1103PPHF11

Catalog of Federal Domestic Assistance Number: 93.531: Affordable Care Act Community Transformation Grants and National Dissemination and Support for Community Transformation Grant

Key Dates: Letter of Intent Deadline Date: June 6, 2011

PUBLICATION on Grants.gov

Application Deadline Date: July 15, 2011, 5:00pm Eastern Daylight Savings Time

Technical Assistance Opportunities for Potential Applicants:

Potential applicants may participate in one of two conference calls for information on this Funding Opportunity Announcement (FOA). The conference calls will be conducted by the National Center for Chronic Disease Prevention and Health Promotion. The calls will be held:

CALL #1 - PRE-Letter of Intent Submission (Three 60-minute conference calls):

- **May 25, 2011 10:00am – 11:00am Eastern Daylight Savings Time –** For **e**ligible applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-888-972-9343. The leader for this call is Lori Elmore and the passcode is 8899773.
- **May 25, 2011 1:00pm – 2:00pm Eastern Daylight Savings Time –** For eligible applicants in the Mountain and Pacific time zones. This conference call can be accessed by calling 1-888-972-9343. The leader for this call is Lori Elmore and passcode is 8899773.
- **May 25, 2011 2:00pm – 3:00pm Eastern Daylight Savings Time –** For **e**ligible applicants in the Alaska and Hawaii-Aleutian time zones. This conference call can be accessed by calling 1-888-790-3249. The leader for call is Lori Elmore and the passcode is 6417596

CALL #2 - POST-Letter of Intent Submission Three 90-minute conference calls):

- **June 14, 2011 10:00am – 11:30am –** For **e**ligible applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-888-972-9343. The leader for this call is Lori Elmore and the passcode is 8899773.
- **June 14, 2011 1:00pm – 2:30pm –** For eligible applicants in the Mountain and Pacific time zones. This conference call can be accessed by calling 1-800-857-9846. The leader for this call is Lori Elmore and the passcode is 8899773.
- **June 14, 2011 3:00pm – 4:30pm -** For eligible applicants in Alaska and Hawaii-Aleutian time zones. This conference call can be accessed by calling 1-888-950-9563. The leader for this call is Lori Elmore and the passcode is 1495768.

Frequently asked application questions can be accessed at: http://www.cdc.gov/communitytransformation. Additional inquires may be sent to the following email address: ctg@cdc.gov.

The overarching purpose of this program is to prevent heart attack, strokes, cancer and other leading causes of death or disability through evidence and practice-based policy, environmental, programmatic, and infrastructure changes in states, large counties, tribes and territories. Applicants should define and justify concrete, achievable targets for these objectives for their area, demonstrating, as required by law, changes in weight, proper nutrition, physical activity, tobacco use, and emotional well-being and overall mental health, as well as other program outcomes. Targets should align with Healthy People 2020 targets and the NCCDPHP long-term goals listed below. Applicants may use local

data to justify higher or lower local targets. The 5 year target should be a minimum 5% improvement in each measure.

Measurable outcomes of the program must align with the following performance goals: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP):

Long term objective: Reduce death and disability due to tobacco use by 5% in the implementation area.

Long term objective: Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area.

Long term objective: Reduce death and disability due to heart disease and stroke by 5% in the implementation area.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This program is authorized under sections 4002 and 4201 of the Affordable Care Act.

Background

The Affordable Care Act of 2010 authorizes Community Transformation Grants to state and local governmental agencies, tribes and territories, state or local non-profit organizations, and national networks of community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base for effective prevention programming. Not less than 20 percent of grant funds will be directed to rural and frontier areas.

From the Prevention and Public Health Fund (PPHF) of the Affordable Care Act, $102.6 million in FY 2011 is available to support evidence and practice-based community and clinical prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates. The PPHF provides an important opportunity for states, counties, territories, tribes, and community organizations to advance public health across the lifespan and reduce health disparities. This FOA will support intensive community approaches to reduce risk factors responsible for the leading causes of death and disability and to prevent and control chronic diseases in the nation. Not less than 20 percent of grant funds will be directed to rural and frontier areas.

Purpose

The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such

interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well being and overall mental health, as well as other program-specific measures.

In order to achieve this, successful applicants will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This FOA specifically addresses five "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, social and emotional wellness, and healthy and safe physical environment. Among these priorities, capacity building and implementation programs should focus on tobacco-free living, active living and healthy eating, and evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure.

This FOA solicits applications from eligible entities to receive funding through cooperative agreements to develop and build capacity (Category A) and to implement interventions (Category B) consistent with the five strategic directions listed in this FOA across the health and wellness spectrum, each of which can prevent or control chronic conditions. All capacity building activities and implementation strategies selected by

applicants should be associated with specific measures to achieve health equity, eliminate health disparities, and improve the health of the population and population subgroups.

Applicants MUST designate the specific category (Category A – Capacity Building or Category B – Implementation) for which they are applying on the Form SF-424, Application Face Page, in Grants.Gov on Line Number 15, entitled "Descriptive Title of Applicant's Project" (e.g. Category A – Capacity Building). Please ensure that the specific category is listed first in this area.

Applicants **MAY NOT** apply for more than one specific category.

Eligible entities are defined in Section III of this FOA. Capacity Building applicants must describe the area(s) that will be the focus of interventions should they be selected for an implementation award at a later time. Capacity Building recipients may pilot one or more implementation activities with their awarded funds, as their capacity to do so permits.

Implementation recipients will implement policy, environmental, programmatic and infrastructure changes consistent with the strategic directions listed in this FOA. Recipients must ensure that planning and implementation activities reach the entire population and specific population subgroups, identified by the applicant, with documented health disparities within the geographic area.

This FOA requires that all applicants address the "Healthy People 2020" focus areas of tobacco use; nutrition and weight status; physical activity and fitness; and heart disease and stroke as high priority areas for policy, environmental, programmatic, and infrastructure changes, as appropriate. Recipients implementing preventive health activities must develop capacity to measure and demonstrate changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and overall mental health among community members participating in preventive health activities, and, in collaboration with CDC, must assess these outcomes across the population and among population subgroups, as applicable. Overall program outcomes must be assessed during the first year of funding and at least twice more during the five year project period. A report containing an evaluation of activities carried out under this grant must be submitted annually to CDC.

Recipients may also address additional "Healthy People 2020" focus areas that directly relate to the overarching goal of reducing the incidence and prevalence of chronic disease, and are aligned with the strategic directions listed in this FOA, including: arthritis and osteoporosis; cancer; diabetes; disabilities and secondary conditions; environmental health; HIV; mental health and mental disorders; and substance abuse. Applicants should incorporate the overarching "Healthy People 2020" goals in plans and strategies. These include:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate health disparities, and improve the health of all groups.
- Create healthy and safe physical environments that promote good health for all.

- Promote quality of life, healthy development and healthy behaviors across all life stages.

All Americans should have equal opportunities to make healthy choices that allow them to live long, healthy lives, regardless of their income, education or race/ethnic background. Health disparities represent preventable differences in the burden of disease, disability, injury and violence, or in opportunities to achieve optimal health. Recipients will engage populations that are facing health disparities in a variety of settings to make the healthy choice the easy choice, and ensure equitable opportunities to make healthy choices. Successful applicants will describe specific objectives that will be achieved through the initiatives supported by these cooperative agreements and will define metrics that will document progress toward the specified outcomes: changes in weight, proper nutrition, physical activity, tobacco use prevalence; emotional well-being and overall mental health.

All activities supported through this FOA must build capacity to achieve or actually achieve area-wide health improvements and reductions in health disparities and should be based on a robust analysis of area health burden overall and across population subgroups (population subgroups may be defined by factors such as race or ethnicity, gender, age [e.g., youth, the elderly], education or income, disability, geographic location, or sexual orientation, among others) to establish a baseline from which to measure progress.

Plans and strategies selected as part of this program should be implemented in a coordinated fashion with other efforts funded by the US Department of Health and

Human Services (HHS), and programs supported by other agencies such as the Corporation for National and Community Service, Environmental Protection Agency, US Department of Agriculture, US Department of Education, US Department of Housing and Urban Development, US Department of the Interior, US Department of Justice, US Department of Transportation, and the US Park Service. Applicants should coordinate with multiple sectors in their area as appropriate, such as transportation, education, health care delivery, agriculture and others. Documentation of such efforts will be evaluated in the review process. Collaboration with multiple other private and non-governmental groups and organizations will also strengthen and enhance the impact of programs funded under this Cooperative Agreement.

Program Description

Recipient Activities

This FOA supports two categories of activities: Category A - Capacity Building and Category B - Implementation. Applicants will propose activities for the Capacity Building category or the Implementation category. At least 20% of available funds are reserved for rural or frontier communities.

Applicants **MAY NOT** apply for both categories.

Capacity Building recipients will develop the human capital, skills, partnerships, and infrastructure, as appropriate, to implement the activities required by an Implementation award. Capacity Building recipients will be eligible to apply for Implementation funding as additional funding becomes available during the five-year cooperative agreement funding cycle, once all target capacities as agreed upon by CDC and the recipient have

been met. Specific requirements are noted in "Terms and Conditions" under section VI: Award Administration Information. Both Capacity Building and Implementation recipients will align activities with five strategic directions as described below. In addition, Capacity Building applicants may pilot one or more implementation activities with their awarded funds, as their capacity increases and resources allow.

Strategic Directions of the Community Transformation Grant Program:

http://www.healthcare.gov/center/councils/nphpphc

- Tobacco Free Living,
- Active Living and Healthy Eating,
- High Impact Quality Clinical and Other Preventive Services,
- Social and Emotional Wellness,
- Healthy and Safe Physical Environment.

Category A - Capacity Building Component

The intent of this component is to fund recipients who represent areas that have limited or no experience implementing policy, environmental, programmatic, and infrastructure changes, as appropriate, but are ready to develop the capacity necessary to do so. Steps towards developing capacity include the following: establishing or strengthening a multi-sectoral coalition; participating in policy, environmental, programmatic, and infrastructure training; summarizing existing community health data and conducting a health needs assessment of the area, including identification of population subgroups experiencing health disparities; conducting community engagement with population subgroups experiencing health disparities; conducting a policy scan and documenting gaps in existing policies, environments, programs, and infrastructure.

During the funding period, using information from these activities, recipients should develop a Capacity Building Plan for implementation activities that align with the strategic directions listed above and policy, environmental, programmatic, and infrastructure interventions listed below. As capacity and resources allow, Capacity Building recipients may begin to implement activities in their Community Transformation Implementation Plan (See Section I.B.5). Should additional funds become available, Capacity Building recipients may be awarded Implementation funds to fully implement their Community Transformation Implementation Plan. The following examples illustrate the kinds of strategies that recipients may use to implement the policy, environmental, programmatic, and infrastructure interventions listed below.

Policy, Environmental, Programmatic, and Infrastructure Interventions:

1. **Policy:** Educate the public and stakeholders about evidence- and practice-based policy interventions to improve population health and foster healthy behaviors.

   Example: Increase the understanding and effectiveness of comprehensive indoor smoke-free policies for workplaces, bars, restaurants and other settings including multi-unit housing, and outdoor smoke-free policies such as campuses and parks; advance school wellness policies that ensure the recommended amount of physical education/physical activity per day per student.

2. **Environment:** Create social and physical environments that support healthy living and ensure that healthy choices are the easy choice.

   Example: Increase the availability of and access to healthy and affordable food options such as fresh fruits and vegetables, by increasing consumer choice and

eliminating "food deserts," particularly in urban, rural, and underserved communities experiencing health disparities.

3. **Programmatic Change:** Increase access to prevention programs to support healthy choices and contribute to wellness, ensuring integration of their use in a variety of community and clinical settings (e.g., schools, community recreation centers, Federally Qualified Health Centers (FQHCs) and workplaces).

   Example: Facilitate community participation in the National Diabetes Prevention Program by identifying sites to become recognized providers of the intervention and health plans that will pay for the intervention; provide coordinated technical assistance to large health systems to promote clinical and other preventive services and control of high blood pressure and high cholesterol.

4. **Infrastructure Change:** Establish systems, procedures and protocols within communities, institutions and networks that support healthy behaviors. This includes improving linkages between public health and health care systems.

   Example: Establish outreach systems, such as utilizing community health workers or automated patient reminder systems, which increase use of and access to clinical and other preventive services.

The emphasis of this program should be on policy and environmental changes. Delivery of direct services is not within the scope of this announcement.

A. RECIPIENT ACTIVITIES FOR CAPACITY BUILDING

1. Program Capacity

- Establish or retain the minimum staffing requirements of the program to include a representative of the leadership of the recipient organization; a full-time staff

person or equivalent responsible for managing the planning, implementation, and evaluation of the program, with management experience; identify individuals with demonstrated capacity in administrative and fiscal management and support necessary to meet the needs of the program.

- Over the course of the project period, establish and maintain other staff, contractors, and consultants sufficient in number and expertise to ensure project success. Staff should have the skills necessary to successfully implement the program, including expertise in policy, environment, program, infrastructure, and capacity building to advance population health, as well as program evaluation. Funded projects must ensure that staff, contractors, and consultants engage in training related to policy, environmental, programmatic, and infrastructure strategies; coalition and partnership development; community engagement; health equity; and other competencies related to strategies supported by the FOA; and participate in CDC-convened meetings to facilitate peer exchange, training, and technical assistance.

Performance will be measured by evidence that the program develops a staffing plan and adheres to timelines and milestones identified in their Capacity Building Plan (CBP). (See Section I.A.5) Performance will also be measured by evidence of a training plan that illustrates that staff will be engaging in recommended policy, environmental, programmatic, and infrastructure training conducted or sponsored by CDC, national partners, or organizations that implement training at national, regional, state, or local levels.

2. Fiscal Management

- All recipients, including sub-recipients, must use funding to support and align with the goals of the initiative; assist in summarizing existing health information and conducting an area health needs assessment and policy scan; document gaps and opportunities in existing policies, environments, programs and infrastructure; and help identify opportunities for strategies to be included in a future application for Implementation funds. (See Implementation section of this FOA).
- Utilize fiscal management procedures for this funding to track and monitor expenditures.
- Implement reporting systems to meet the "Reporting Requirements" section of this FOA.

Performance will be measured by evidence that the recipient provides funding to appropriate local entities or coalitions committed to the goals of the initiative; has established procedures to track and report expenditures; and is able to prepare required reports concerning the activities of supported entities submitted on the designated schedule as identified in their Capacity Building Plan (CBP).

3. Leadership Team and Coalition

- Develop a Leadership Team(s) to establish and provide a coordinated, multi-sectoral organizational structure for this initiative that supports the area coalition or coalitions; oversees the strategic direction of the project

activities; participates in project-related local and national meetings and trainings; and is ultimately responsible for ensuring adoption of policy, environmental, programmatic, and infrastructure changes related to the strategic directions listed in this FOA. The Leadership Team should consist of:

- A minimum of 8-10 multi-sectoral state or community leaders such as governor, mayor or tribal leaders, state, city, or county officials; school superintendents; business association or corporation leaders or philanthropic leaders; Federally Qualified Health Centers (FQHCs); hospital and health systems directors; boards of health; health officers; public health advocates; representatives from other sectors including agriculture, transportation and planning, or other leaders with policy influence in the state or community; as well as individuals that represent rural and frontier areas, as applicable, and population subgroups experiencing health disparities in the area. For Tribal applicants, the 8-10 community leaders should represent multi-sectoral tribal enterprises, programs, and population subgroups sufficient to produce successful results.
- A representative of the leadership of the recipient organization.
- Overall manager of the program.
- County Leadership teams should include at least one representative from the State Department of Health and one representative from the

County Department of Health, and city department(s) of health, if applicable.

  - State and the Rest of the State Leadership teams should include at least one representative from the State Department of Health, and at least one representative from a county or local health department within the state (if applicable).

- Establish or strengthen existing health-related coalition (or coalitions) committed to participating actively in the planning, implementation, and evaluation of *Community Transformation Grants* (CTG). The coalition(s) will ensure implementation of CTG activities and will participate in the development of the program and ensure implementation and evaluation of the program by engaging in community assessment, use of data, community engagement and other required recipient activities.
  - Coalition members should include a wide representation of state or community leaders and community members familiar with promoting the selected strategies. Examples could include representatives from education agencies (local education agencies, school districts, school board members, or parent teacher organizations); school health advocates, community development/planning agencies (land use or transportation); state and local Offices of Minority Health; key state and community-based governmental and non-governmental organizations; health care, voluntary, and professional organizations; business, state, community, and faith-based leaders; local aging

centers and senior centers, and representatives of rural and frontier areas, as applicable; Federally Qualified Health Centers (FQHCs); and universities, among others. Linkages with mental health/substance abuse organizations, health plans, foundations, and other state and community partners working together to promote health and prevent chronic diseases are encouraged.

- Both Leadership Team and Coalition partners should include representatives from population subgroups experiencing health disparities.
- Link with other national, state, local, tribal, rural, frontier, and territorial efforts and foundation activities. Build on and leverage existing place-based revitalization and reform projects funded by federal, state, local, tribal or territorial governments or foundations. These could include efforts funded by the US Department of Health and Human Services (HHS), and programs supported by other agencies such as the Corporation for National and Community Service, Environmental Protection Agency, US Department of Agriculture, US Department of Education, US Department of Housing and Urban Development, the US Department of the Interior, the US Department of Justice, the US Department of Transportation, and the US Park Service.
- Coordinate with multiple sectors, such as transportation, planning, education, health care delivery, agriculture and others.
- In order to ensure long-term sustainability, identify opportunities for future resources to support key components of this FOA from diverse sources such as other governmental funding streams, public financing schemes built into

proposed policy, environmental, programmatic, and infrastructure activities, foundation and private sector partners, and hospital community benefit investments.

Performance will be measured by the successful creation of leadership team(s) and coalition(s) and sustained partner and community engagement throughout the project period including the involvement of key state and community-based and public health partners. This will include:

- Regularly scheduled outcome-oriented meetings, membership lists, attendance rates, participation, and meeting minutes.
- Linkages with other national, state, local, tribal and territorial efforts and foundation activities.
- Amount and source of non-CDC resources leveraged and committed toward planning and implementation of the Community Transformation Implementation Plan (See Section I.B.5) by coalition members or the program (in-kind or in dollars).
- Inclusion of Leadership Team and Coalition members who represent population subgroups experiencing health disparities.
- Leadership Team and Coalition participation in learning opportunities/trainings related to grant strategies.

4. Community Health Assessment and Planning

- Develop and implement a plan for area-wide community health needs assessment including identifying population subgroups experiencing health disparities.
- Review rates of chronic disease risk factors using data from surveillance systems such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Youth Tobacco Survey, or National Health Interview Survey and include population subgroups analyses, where applicable.
- Identify any known factors which might contribute to population-level chronic disease burdens, including policy, environmental, programmatic, and infrastructure barriers, and describe the potential impact of addressing those factors through policy, environmental, programmatic, and infrastructure changes.
- Actively engage population subgroups experiencing health disparities to understand potential barriers to and needs of population subgroups for policy, environmental, programmatic, and infrastructure change. Identify appropriate strategies for overcoming these barriers and ensuring effective and equitable policy, environmental, programmatic, and infrastructure strategies and implementation.
- Based on the analysis of existing data and outcomes of the health needs assessment, develop a plan for conducting a policy scan to identify gaps in existing policies, environments, programs and infrastructure, and opportunities to address these gaps.

- Develop a Community Transformation Implementation Plan (CTIP) as part of the Capacity Building activities to be submitted after other capacity building targets have been met (See Section I.B.5). The CTIP must be based on and aligned with the community health assessment, the policy and environmental scan and gap analysis, state or local incidence, prevalence, morbidity and mortality data, health behaviors and screening prevalence, unique opportunities for change in disease, and community engagement findings. Describe plans for ensuring assessment of population subgroups experiencing health disparities that may not be well represented in available surveillance data.

  Performance will be measured by evidence that community health assessments, policy scan, and frequency and type of activities related to community engagement have been conducted, the extent to which areas for opportunity and planning interventions have been identified based on data, and the extent to which strategies for populations experiencing health disparities are included as described in the Capacity Building Plan (CBP) (See below).

5. Capacity Building Plan (CBP)

   - 90 days after the award date, submit a revised CBP, developed in collaboration with CDC. The CBP must describe an overall integrated strategy that details plans for building a local coalition and leadership team; describes proposed approaches for conducting a health assessment and policy

scan that includes population subgroups; forecasts how results of the health assessment and policy scan will be used to select strategies and key activities; and describes a process for developing a Community Transformation Implementation Plan (CTIP). The CBP should include concrete milestones and timelines and SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) using the template in Appendix A. An example of a CBP is provided in Appendix B.

- Recipients must develop a CTIP in order to be eligible for implementation funding. Please see specific requirements in "terms and conditions" under section VI: Award Administration Information.

Performance will be measured by evidence that the CBP contains program outcome objectives that are SMART, area-wide, explicitly linked to population subgroups experiencing health disparities, well integrated, and include plans for sustainability. Additionally, performance will be measured on a monthly and quarterly basis that the grantee is successfully meeting milestones and benchmarks as indicated in their CBP. Milestones should be written as defined, time-bound activities that are carefully planned and will lead to achievement of the outcome objectives (see appendices A and B).

6. Performance Monitoring and Evaluation. CDC may revise the existing Evaluation plan through an addendum to this notice, which could include additional recipient requirements for evaluation and performance measurement.

- All Capacity Building applicants should develop a core evaluation plan for utilizing performance monitoring information for ongoing program improvement and midcourse corrections as needed. Performance monitoring must include tracking of overall progress on outcome objectives as well as specific progress on activities designed to address health disparities.
- If selected, participate in nationally coordinated evaluation activities such as case studies, a cost study, policy audit, targeted surveillance, and other enhanced evaluation studies to be determined based on select implementation activities.
- If appropriate, use the CDC Simulation Model as a planning tool for examining the potential long-term health impacts of select strategies and activities aligned with the strategic directions.
- If local measurement sources are not available to address specific sub-populations, when requested, collaborate with CDC to develop ways to measure and assess, as appropriate, changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and overall mental health, as well as other program outcomes.
- Develop and distribute at least 2 unique dissemination documents created for and provided to stakeholders or the broader community that are based on the performance monitoring data, health assessment and policy scan information, and other program-related information. These documents may be briefing updates, reports, or use other formats.

- Successful performance related to the Capacity Building recipient activities will be used to determine when a Capacity Building recipient is ready to pilot one or more implementation activities or apply for an Implementation award (if additional funding is available). Performance indicators include establishment and maintenance of staffing requirements; attendance at required trainings and meetings; appropriate fiscal management; establishment of a functional community coalition(s) and leadership team; development and implementation of an evaluation plan; completion of a community health assessment and policy scan; achievement of objectives identified in CBP, and development of a CDC-approved CTIP.

Performance will be measured by evidence of a CDC approved evaluation plan submitted 150 days post award, in coordination with a final CBP. This will be the result of recipient and CDC reviewing and revising the CBP submitted within 90 days of award. Further evaluation will include receipt of CDC-approved dissemination documents, and attendance at CDC-required evaluation capacity building workshops and webinars.

Category B - Implementation Component

Funding from this component of the announcement will be provided to highly qualified recipients with among the highest documented burdens of chronic disease and with the following experience and support in place: one or more active coalitions and demonstrated success or experience working with state, community, tribal or territorial

leaders, as appropriate, to implement policy, environmental, programmatic, and infrastructure change strategies; demonstrated effective efforts (including documented evaluations) to reduce health disparities; and demonstrated ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the FOA.

Recipients will implement policy, environmental, programmatic, and infrastructure changes aligned with the strategic directions listed previously to achieve the intended outcomes, including changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and overall mental health, as well as other program outcomes. The following examples illustrate the kinds of strategies that may be used to implement the policy, environmental, programmatic, and infrastructure interventions listed below.

Policy, Environmental, Programmatic, and Infrastructure Interventions

Policy: Educate the public and stakeholders about evidence- and practice-based policy interventions to improve population health and foster healthy behaviors.

> **Example:** Increase the understanding and effectiveness of comprehensive indoor smoke-free policies for workplaces, bars, restaurants and other settings including multi-unit housing, and outdoor smoke-free policies such as campuses and parks; School wellness policies that require recommended amount of physical education/ physical activity per day per student.
>
> **Environment:** Create social and physical environments that support healthy living and ensure that healthy choices are the easy choice.

Example: Increase the availability of and access to healthy and affordable food options such as fresh fruits and vegetables, by increasing consumer choice and eliminating "food deserts," particularly in urban, rural, and underserved communities experiencing health disparities.

Programmatic Change: Increase access to prevention programs to support healthy choices and contribute to wellness, ensuring integration of their use in a variety of community and clinical settings (e.g., schools, community recreation centers, Federally Qualified Health Centers (FQHCs) and workplaces).

Example: Facilitate community participation in the National Diabetes Prevention Program by identifying sites to become recognized providers of the intervention and health plans that will pay for the intervention; provide coordinated technical assistance to large health systems to promote clinical and other preventive services and control of high blood pressure and high cholesterol.

Infrastructure Change: Establish systems, procedures and protocols within communities, institutions and networks that support healthy behaviors. This includes improving linkages between public health and health care systems.

Example: Establish outreach systems, such as utilizing community health workers or automated patient reminder systems, which increase use of and access to clinical and other preventive services.

The emphasis of this program should be on policy and environmental changes. Delivery of direct services is not within the scope of this announcement.

Capacity Building Award Recipient Requirements to Request Implementation Funding

Capacity Building grant recipients that have completed the required targeted outcomes for Capacity Building award recipients will be eligible to request funding for an Implementation award at any point in time within 48 months of their original award if funds are available to support the request. Capacity Building award recipients **MUST** complete all of the following requirements to be eligible to request an Implementation award:

a) established the required programmatic infrastructure,
b) established the fiscal management requirements,
c) established a leadership team,
d) conducted a community health assessment and planning,
e) developed a capacity building plan (CBP),
f) include a community transformation implementation plan (CTIP) and budget narrative and justification to support the proposed activities, and

The Community Transformation Implementation Plan must include the following;

- An annual CTIP (requirement (f) above) for the remainder of the project period that describes:
    - An overall integrated strategy that identifies the selected strategies;
    - Key activities;
    - Population subgroups targeted;

- Describes milestones and timelines for achieving strategy implementation;
- Anticipated policy outcomes; and
- SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) for each intervention using the template in Appendix D of the FOA;
- Plans for collecting data and measuring progress on the five core measures: changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and mental health.
- An example CTIP can be found in Appendix E of the FOA. The CTIP should contain detailed milestones for all outcome activities. Only outcome objectives, not detailed milestones, are required at the time of request for Implementation funding. The CTIP will be reviewed and finalized annually in collaboration with CDC.
- Ensure integration across objectives within the CTIP; demonstrate how outcomes are connected and ensure connections between clinical and other preventive services and risk factor prevention work.
    a. 60 days post-award of the Implementation award approval, submit the revised CTIP utilizing recommendations from the Project Officer application review and input from state and community information, HHS agencies, other sources of programmatic support, and on-going discussions with internal staff and state and community partners.

b. Assess rates of chronic disease risk factors using data from surveillance systems such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Youth Tobacco Survey, or National Health Interview Survey and include sub-population analyses.
c. Identify any known factors which might contribute to population-level chronic disease burdens within the population, including policy, environmental, programmatic, and infrastructure barriers, and describe the potential impact of addressing those factors through policy, environmental, programmatic, and infrastructure changes.
d. Actively engage populations experiencing health disparities to understand potential barriers to and needs of population subgroups for policy, environmental, programmatic, and infrastructure change. Identify appropriate strategies needed for overcoming these barriers and ensuring effective and equitable policy, environmental, programmatic, and infrastructure strategy and implementation.
e. Include a timeline for additional staff to cover the additional programmatic requirements.

In addition, a completed SF- 424A with projected unobligated funds must be included in the funding Implementation request, which must include the budget narrative and justification for the additional funding and identification of existing projected unobligated funds. Award determination will be based on availability of funds, a quantitative review process and Project Officer's documented monitoring of the recipient's progress.

B. RECIPIENT ACTIVITIES FOR IMPLEMENTATION

Recipients will implement broad strategies to achieve population-wide health improvements and targeted strategies to achieve even greater health improvements among selected population subgroups or in areas that have disproportionately high rates of chronic diseases and conditions. Recipients will accomplish this by reducing disparities in access to and use of healthy environments, and preventive and other health care services. These focused strategies will include significant areas of the state or community in order to have the broadest possible impact.

1. Program Infrastructure

- Maintain the minimum staffing requirements to include a representative of the leadership of the recipient organization to manage the program for the first 90 days.
- 90 days post-award identify a full-time staff person or equivalent responsible for managing the planning, implementation, and evaluation of the program, with management experience in policy, environmental, programmatic and infrastructure change relevant to the selected strategies; identify at least 1.0 full-time staff person or equivalent responsible for the evaluation of the program; and identify individuals with demonstrated capacity in administrative and fiscal management necessary to meet the needs of the program.
- 120 days post award establish or retain the required additional staff to ensure effective implementation of this award. The recipient should ensure that this

complement of staff and contract support is sufficient to meet the requirements of this FOA.

- Over the course of the project period, establish and maintain other part-time or full-time staff, contractors, and consultants sufficient in number and expertise to ensure project success and have demonstrated skills and experience in coalition and partnership development, community engagement, health equity, policy and environmental change strategies and other competencies related to the strategies supported by the FOA.
- Participate in CDC convened meetings to facilitate peer exchange, training, and technical assistance.

Performance will be measured by evidence that the program is appropriately staffed to administer, manage, and evaluate the program as evidenced by the submission of staff/contractor name, date of hire or projected date of hire or staff to be retained and by the submission of résumés or curriculum vitae for key personnel and position descriptions for other positions supported by funds under this cooperative agreement.

2. Fiscal Management

- County recipients must provide at least 50 percent of the total grant funding to local community entities or governmental or non-governmental organizations to ensure local participation, support and effective implementation and sustainability of the program. These recipients should have experience and expertise in the selected strategies, including expertise

in reducing health disparities, and should be representative of the community they will serve.

- State recipients must award at least 50 percent of the total grant funding to local areas, including county or city health departments and local governmental or non-governmental organizations to ensure local participation, support and effective implementation and sustainability of the program. Of this 50 percent, rural areas of the state must receive at least 20 percent of the total grant award or an amount consistent with their proportion of the state population, whichever is higher. The calculation of this percent does not include those counties with a population of 500,000 or more, who are eligible to apply separately. See appendix H. States (New Jersey, Rhode Island, Washington, DC) which contain no rural counties are exempt from this 20 percent requirement.
- All recipients, including sub-recipients, must support and align with the goals of the initiative; assist in conducting area health needs assessment and policy scan; and document gaps and opportunities in existing policies, environments, programs and infrastructure.
- Use fiscal management procedures for this funding to track and monitor expenditures.
- Implement reporting systems to meet the online reporting criteria and timelines as stated in the "Reporting Requirements" section of this FOA.

Performance will be measured by evidence that the recipient will provide funding to appropriate local entities committed to the goals of the initiative and the selected policy, environmental, programmatic, and infrastructure strategies; has established procedures to track and report expenditures; and prepares required reports on the designated schedule.

3. Leadership Team and Coalition

- Provide evidence of an existing multi-sectoral Leadership Team that has the capacity to oversee the strategic direction of the project activities, be responsible for ensuring adoption of policy, environmental, programmatic, and infrastructure changes related to the strategic directions in this FOA, maintain an organizational structure and governance for the area-wide coalition or coalitions, and participate in project-related local and national meetings and trainings. The Leadership Team should consist of:
    - A minimum of 8-10 multi-sectoral state and community leaders such as governor, mayors or tribal leaders, state, city, or county officials; school superintendents; business association or corporation leaders or philanthropic leaders; Federally Qualified Health Centers (FQHCs) hospital and health systems directors; boards of health and health officers; public health advocates; representatives from other sectors including agriculture, transportation and planning; or other leaders with policy influence in the state or community; as well as individuals that represent rural and frontier areas, as applicable, and population

subgroups experiencing health disparities in the area. For Tribal applicants, the 8-10 community leaders should represent multi-sectoral tribal enterprises, programs and population subgroups sufficient to produce successful results.

- A representative of the leadership of the recipient organization.
- Overall manager of the program.
- County Leadership teams should include at least one representative from the State Department of Health and at least one representative from the County Department of Health, and city department(s) of health, if applicable.
- State and the Rest of the State Leadership teams should include at least one representative from the State Department of Health, at least one representative from a county or local health department within the state (if applicable), and one representative from a rural or frontier area, if applicable.

- Provide evidence of an existing coalition (or coalitions) committed to participating actively in the planning, implementation, and evaluation of the *Community Transformation Grants* (CTG). The coalition(s) will ensure implementation of CTG activities and will participate in the development of the program and ensure implementation and evaluation of the program by engaging in community assessment, use of data, community engagement and other required recipient activities.

- Coalition partners should include a wide representation of state or community leaders and community members familiar with promoting the selected strategies. Examples could include representatives from education agencies (local education agencies, school districts, school board members, or parent teacher organizations); school health advocates; community development/planning agencies (land use or transportation); state and local Offices of Minority Health; key state and community-based governmental and non-governmental organizations; health care, voluntary, and professional organizations; business, state, community, and faith-based leaders; local aging centers and senior centers; Federally Qualified Health Centers (FQHCs); and universities, among others. Linkages with mental health/substance abuse organizations, health plans, foundations, and other state and community partners working together to promote health and prevent chronic diseases are encouraged.

- Include representatives from population subgroups experiencing health disparities and from rural and frontier areas, if applicable, on both Leadership Team and Coalitions.
- Link with other national, state, local, tribal and territorial efforts and foundation activities and funding streams. Provide letters of commitment, and evidence of support and connections with other state and community development and livability efforts, and provide evidence that they build on and leverage existing place-based revitalization and reform projects

funded by federal, state, local, tribal or territorial government or foundations. These could include efforts funded by the US Department of Health and Human Services (HHS), and programs supported by other agencies such as the Corporation for National and Community Service, Environmental Protection Agency, US Department of Agriculture, US Department of Education, US Department of Housing and Urban Development, US Department of Transportation, and the US Park Service.

- Coordinate with multiple sectors in the area, such as transportation, planning, education, health care delivery, agriculture and others.
- In order to ensure long-term sustainability, identify future resources to support key components of this FOA from diverse sources such as other governmental funding streams, foundations, public financing schemes built into proposed policy, environmental, programmatic, infrastructure plans, or foundation and private sector partners, and hospital community benefit investments.
- Develop a sustainability plan for work initiated by the grant.

Performance will be measured by the extent to which selected strategies are integrated and coordinated across strategic directions, and are aligned and integrated with efforts by other sectors to improve the area environment. Performance will also be measured by the level of partner and community engagement throughout the project period including the involvement of key state and community-based and public health partners comprising an alliance of partnerships, coalitions, and community

members committed to participating actively in planning for implementation of CTG and in training related to policy, environmental, programmatic, and as appropriate, infrastructure changes. This will include:

- Regularly scheduled outcome-oriented meetings, membership lists, attendance rates, participation, and meeting minutes.
- Linkages with other national, state, local, and tribal efforts and foundation activities.
- Inclusion of Leadership Team and Coalition members who represent populations experiencing health disparities.
- Leadership Team and Coalition participation in learning opportunities/trainings related to strategies.

4. Selection of Strategies

To maximize public health impact, recipients must develop area-wide policy, environmental, programmatic and infrastructure changes. Recipients should work across multiple sectors: e.g., changes in the childcare environment are aligned with changes in the school environment, which are reinforced by changes in the community and in the health care system. In selecting strategies, recipients should emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize health improvements.

Below are examples of focused, integrated approaches to other Healthy People 2020 focus areas in which interventions have been integrated**.** Applicants are not required to choose a specific focus area, but rather are encouraged to ensure that in addressing the

statutorily-required five measures of changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and overall mental health, there is coordination among proposed strategies to ensure complementary interventions and to avoid isolated, low-impact interventions.

Recipients must include the required strategic directions of tobacco free living, active living and healthy eating, and high quality clinical and other preventive services, specifically prevention and control of high blood pressure, in their selection of strategies.

- **Diabetes prevention focus.** *Active Living and Healthy Eating:* Increase accessibility, availability, affordability and identification of healthful foods in communities to improve nutrition among people with diabetes and to prevent diabetes; *Tobacco Free Living:* Educate the public and stakeholders on the dangers of secondhand smoke and the evidence-based interventions to reduce exposure to secondhand smoke in order to improve access to smoke free environments for the entire population, including people with diabetes; *Clinical and other preventive services:* Implement strategies to improve control of A1c, blood pressure and cholesterol to avert diabetes-related complications, and increase coverage, availability and use of the National Diabetes Prevention Program to prevent or delay onset of diabetes; *Healthy and Safe Physical Environment:* Adopt built environment changes to increase opportunities for regular physical activity.
- **Maternal and Child Health Focus:** *Tobacco Free Living:* Educate the public and stakeholders on evidence-based smoke-free policies within multiunit dwellings to reduce tobacco use and exposure to secondhand smoke among

pregnant women and infants; *Active Living and Healthy Eating:* Increase the number of hospitals that improve breast feeding rates, optimize maternal, infant and family nutrition (for example, by expanding the use of Electronic Benefits Transfer at farmers markets, improving the availability of healthful foods in stores participating in WIC, and expanding "Farm to School" programs); implement nutrition, physical activity, and screen time policies in childcare to prevent and reduce childhood obesity; *Clinical and other preventive services:* address smoking cessation among pregnant women to improve pregnancy outcomes; improve diagnosis, monitoring and follow-up of gestational diabetes and high blood pressure to improve pregnancy outcomes and prevent and reduce diabetes. *Social and Emotional Wellness*: address improvements in parenting practices using the Bright Futures strategy.

Selection of strategies must entail:

- A mix of intervention strategies consistent with the evidence base and examples included in the Community Transformation Strategic Directions List (Table 1 in Appendix C). Resources related to example strategies included on the Strategic Directions List can be found in Appendix C. Of the five strategic directions included in this program, recipients must work on at least one strategy in each of the first three strategic directions, which have high impact in preventing or controlling chronic conditions: tobacco free living, active lifestyles and healthy eating, and increased use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure. Recipients must use a minimum of 50%

of resources provided through this FOA for interventions that address these three strategic directions: tobacco free living, active living and healthy eating, and increased use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure.

- Required strategies listed in bold in Appendix C.
    - Within the Tobacco Free Living strategic direction, "Educate the public and stakeholders on the dangers of secondhand smoke, e.g., work with businesses to implement smoke free policies" is a requirement for all recipients.
    - Within the Active Living and Healthy Eating strategic direction, applicants may also select strategies from the healthy and safe physical environment strategic direction that specifically address increasing physical activity.
    - Within the High Impact Clinical Preventive Services strategic directions, the first strategy, "Implement interventions to increase control of high blood pressure and high cholesterol," is a requirement for all recipients.
- Recipients may also choose specific strategies from the other strategic directions of Social and Emotional Wellness and Healthy and Safe Physical Environments, in addition to those that are mandatory, in order to develop an integrated, cohesive set of interventions. Recipients must address how these additional Strategic Directions will reduce the prevalence of chronic disease, and in particular, how the activities will lead to a reduction in each of the five

identified outcome measures from the law: changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and overall mental health.

- Ensure that the focus of policy, environmental, programmatic, and infrastructure changes is area-wide so that the public health impact will be maximized. Ensure that within the entire area, intensive strategies are directed towards population subgroups to reduce health disparities. Include burden data to justify your selection of targeted population subgroups.
- There are other evidence-based interventions aligned with the strategic directions and not included as examples in the List of Strategic Directions (see Appendix C). Applicants may select from among the full range of evidence-based interventions aligned with the five strategic directions (e.g., those listed in the Guide to Community Preventive Services) and may propose an "innovative" strategy.
- If proposing a strategy not included on the Community Transformation Strategic Directions List or recognized as an evidence-based strategy, provide a justification for the choice of strategy (e.g. identified need or opportunity) and demonstrate that it has the potential for broad reach and impact of a magnitude achievable with an evidence-based strategy. Also provide a plan to evaluate the impact of any proposed innovative strategies not included on the Community Transformation Strategic Directions List. Recipients implementing innovative and promising strategies must collaborate with CDC and others, as appropriate, to share implementation and evaluation strategies.

- Incorporate selected strategies into a comprehensive and robust strategic plan and identify opportunities for integration across strategic directions. Describe how the area will reach or exceed the outcome measures selected by the recipient for each selected strategy (See Community Transformation Implementation Plan, Section I.B.5).
- Demonstrate area wide change and progress toward meeting outcomes across the entire population and one or more specific population subgroup(s) with a documented health disparity within the area.
- Propose goals and activities that are informed by and link to state or local incidence, prevalence, and mortality data; health behaviors and screening prevalence; and a policy and environmental scan that includes a review of existing policies and environmental change strategies within the recipient's area.
- Anticipate that the strategy table may be updated annually throughout the 5 years of this program period.

Performance will be measured by evidence that recipient spends at least 50% of funds on strategies in the first three strategic directions; strategies extend area wide and toward population subgroups; strategies are integrated and informed by data; strategies together for a cohesive and effective plan that will maximize impact across the entire population and among selected population subgroups.

Community Transformation Strategic Directions and List of Example Evidence-and Practice-Based Strategies. See also Appendix C for the list of example CDC strategies associated with each Strategic Direction.

Tobacco Free Living
Goal: Prevent and Reduce Tobacco Use
Tobacco use is the leading cause of premature and preventable death in the United States. Living tobacco free lowers a person's risk of developing lung cancer, heart disease, and other disease and causes of death. Tobacco-free living means avoiding use of all types of tobacco products - such as cigarettes, cigars, smokeless tobacco and hookahs - and also living free from secondhand smoke exposure.

Strategies:

- **Support comprehensive tobacco-free policies.**
- Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act)
- Expand use of tobacco cessation services.
- Use media to educate and encourage individuals to live tobacco-free.

Active Living and Healthy Eating
Goals: Prevent and Reduce Obesity, Increase Physical Activity; Improve Nutrition in Accordance with the Dietary Guidelines for Americans 2010
Regular physical activity is one of the most important things people of all ages can do to improve their health. Physical activity helps prevent many diseases (e.g. heart disease, diabetes and some cancers), strengthens bones and muscles, reduces stress and depression and makes it easier for people to maintain a healthy body weight or reduce weight if they are overweight or obese. Adults should do at least 150 minutes of moderate-intensity activity each week. Children and teenagers should do one hour of activity each day.

Eating healthy can help lower people's risk for heart disease, high blood pressure, diabetes, osteoporosis and certain cancers, and help people maintain a healthy body weight. Healthy and safe eating is important throughout the lifespan. Eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low/non-fat dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping *trans* fat intake as low as possible; and balancing caloric intake with calories burned to manage body weight, as described in the *Dietary Guidelines for Americans 2010*. Safe eating means ensuring food is free from harmful contaminants, such as bacteria and viruses.

Strategies:

- Encourage community design and development that supports physical activity.
- Facilitate access to safe, attractive, and affordable places for physical activity.
- Support workplace policies and programs that increase physical activity.

- Promote and strengthen childcare and school policies and programs that increase physical activity.
- Assess physical activity levels and provide education, counseling and referrals.
- Increase access to healthy and affordable foods in communities.
- Implement organizational and programmatic nutrition standards and policies.
- Improve nutritional quality of the food supply.
- Help people recognize and make healthy food and beverage choices.
- Support policies and programs that promote breastfeeding.
- Enhance food safety.

Increased Use of High Impact Quality Clinical and Other Preventive Services
Goal(s): Increase control of high blood pressure and high cholesterol.
Many clinical and other preventive services are effective in reducing death and disability and cost-effective or even cost saving. Clinical and other preventive services are procedures, tests, counseling or medications used by healthcare providers to prevent disease, detect health problems early, and/or provide individuals with the information they need to make good health decisions. Examples of high impact, quality clinical and other preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) include screening for tobacco use, high blood pressure, high cholesterol, HIV/AIDS and breast, cervical, and colon cancer and appropriate use of aspirin for the prevention of cardiovascular disease. As the USPSTF notes, screening services are only of value when followed up with high-quality, accessible education and treatment. Furthermore, the Advisory Committee on Immunization Practices recommends a range of vaccines, including childhood immunizations, annual influenza vaccines and vaccines for the prevention of infection with viral hepatitis.

Strategies:

- Support the National Quality Strategy's http://www.ahrq.gov/workingforquality/ focus on improving cardiovascular health.
- Use payment and reimbursement mechanisms to facilitate the delivery of clinical and other preventive services.
- Expand monitoring and public reporting systems to improve the quality and use of clinical and other preventive services.
- Enhance linkages between community-based and clinical and other preventive services.
- Reduce barriers to accessing clinical and other preventive services, especially among populations at greatest risk.

Social & Emotional Wellness; Mental and Emotional Wellbeing
Goals: Increase health and wellness, including social and emotional wellness.
Mental and emotional wellbeing is essential to overall health. Positive mental health allows individuals to realize their potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Unfortunately,

each year, 1 in 4 U.S. adults is diagnosed with mental disorders including anxiety; mood disorders, such as depression; impulse control disorders, such as attention-deficit/hyperactivity disorder; or substance abuse disorders. Mental illness is associated with higher probability of many chronic conditions, including obesity, diabetes, and cardiovascular disease, and contributes to premature death.

Strategies:

- Promote positive early childhood development, including positive parenting and violence free homes.
- Facilitate social connectedness and community engagement across the lifespan.
- Provide individuals and families with the support necessary to maintain positive mental wellbeing.
- Promote early identification of mental health needs and access to quality services.
- Support state, local and Tribal Nation implementation and enforcement of alcohol control policies.
- Empower young people to choose not to drink or use other drugs.
- Identify alcohol and other drug abuse disorders early, provide brief intervention, and refer to treatment.
- Reduce inappropriate access to and use of prescription drugs.

Healthy and Safe Physical Environments

Goals: Increase bicycling and walking; improve the community environment to support health; reduce motor vehicle injuries and fatalities.

Health and wellness are influenced by the homes, neighborhoods and communities in which people live, work and play. Good physical and mental health depend on factors outside of the public health and health care system, such as affordable and secure housing and sustainable and economically vital neighborhoods that provide access to employment opportunities and public resources (e.g. efficient transportation, good schools, and effective policing). Public health policy can promote communities designed to support health and safety - such as places to play and be active, access to affordable healthy foods, and streetscapes designed to prevent injury. Health also requires that all environments, including homes, schools, communities and worksites, have clean air and water and are free from toxins and physical hazards. A healthy environment gives people the opportunity to make healthy choices and decrease their risk for heart disease, cancer, obesity, diabetes, respiratory diseases such as asthma, and injuries.

Reducing injury and violence improves physical and emotional health, making communities safer and more enjoyable places to live. The leading causes of death from unintentional injury include motor vehicle-related injuries, unintended poisoning (including prescription drug overdose) and falls. Witnessing or being a victim of violence, such as child maltreatment, youth violence, intimate partner and sexual violence, and elder abuse, are linked to lifelong negative physical, emotional, and social consequences. Unintentional poisoning - a rapidly rising leading cause of death, especially among people age 35-44 - is addressed as a component of “substance abuse”.

Strategies:

- Integrate health criteria into planning and decision making, where appropriate, across multiple sectors.
- Enhance cross-sector collaboration in community planning and design to promote health and safety.
- Design and promote affordable, accessible, safe and healthy housing.
- Strengthen the social environment to support and reinforce healthy choices.
- Encourage community design and development that supports physical activity.
- Facilitate access to safe, attractive, and affordable places for physical activity.
- Support workplace policies and programs that increase physical activity.
- Promote and strengthen childcare and school policies and programs that increase physical activity.
- Assess physical activity levels and provide education, counseling and referrals.

5. **Community Transformation Implementation Plan** (CTIP)

    - Submit a 5-year CTIP as part of the application that describes an overall integrated approach that identifies the selected strategies; describes key activities; describes population subgroups targeted, describes milestones and timelines for achieving strategy implementation; identifies anticipated policy and environmental change outcomes; and includes SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) for each intervention using the template in Appendix D performance targets, and detailed evaluation plan. An example CTIP can be found in Appendix E. The first 3 years of the CTIP should contain detailed milestones for all outcome activities. Only outcome objectives, not detailed milestones, are required for years 4 and 5 at the time of application. The CTIP will be reviewed and finalized annually in collaboration with CDC.
    - Ensure integration across objectives within the CTIP; demonstrate how outcomes are connected and ensure connections between clinical and other preventive services and risk factor prevention work.

a. 120 days post-award, submit the final 5-year CTIP utilizing recommendations from the application objective review process and input from state and community information, HHS agencies, other sources of programmatic support, and on-going discussions with internal staff and state and community partners.

b. Assess rates of chronic disease risk factors using or developing appropriate local monitoring systems, as well as data from surveillance systems such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Youth Tobacco Survey, or National Health Interview Survey, as applicable. Develop or identify methods to assess rates of chronic disease risk factors in rural and frontier areas, as applicable, and among population subgroups.

c. Identify any known factors which might contribute to population-level chronic disease burdens including policy, environmental, programmatic, and infrastructure barriers, and describe the potential impact of addressing those factors through policy, environmental, programmatic, and infrastructure changes.

d. Actively engage population subgroups experiencing health disparities to understand potential barriers to and needs of population subgroups for policy, environmental, programmatic, and infrastructure change. Identify appropriate strategies needed for overcoming these barriers and ensuring effective and equitable strategy and implementation.

e. Coordinate with other Federal agencies and existing place-based revitalization and reform projects funded by the US Government, including efforts and activities funded by the Affordable Care Act.

Performance will be measured by evidence that the CTIP contains program objectives that are SMART and are explicitly linked to populations experiencing health disparities, that there are plans for sustainability, and that the plan is approved by CDC. Additionally, performance will be measured on a quarterly basis that the grantee is successfully meeting milestones and benchmarks as indicated in the CTIP. Milestones should be written as defined, time-bound activities that are carefully planned and will lead to achievement of the annual outcome objectives and five-year program outcome objectives.

6. **Performance Monitoring and Evaluation.** CDC may revise the existing Evaluation Plan requirements through an addendum to this notice, which could include additional recipient requirements for evaluation and performance measurement.

- If selected, participate in nationally coordinated evaluation activities such as case studies, a cost study, policy audit, targeted surveillance, and other enhanced evaluation special studies to be determined based on select implementation activities.
- Identify area- and program-specific data sources and collaborate with CDC to assess program outcomes, including changes in weight, proper

nutrition, physical activity, tobacco use prevalence, and emotional well-being and overall mental health, in addition to other measures specific to the CTIP (e.g., improvements in control of high blood pressure). Indicate opportunities and sources for pre- and post-intervention data collection. Provide data use agreements or propose alternative collection strategy.

- Establish activities to measure changes in the prevalence of chronic disease risk factors among community members participating in preventive health activities developed as part of the CTIP, as applicable (e.g., Chronic Disease Self Management programs, Diabetes Prevention Program, and others).
- Identify relationship between available or proposed outcome measures and proposed activities in Community Transformation Implementation Plan.
- Use ongoing performance monitoring data, along with any proposed needs assessment or policy scans, for ongoing program improvement and midcourse corrections.
- Track overall progress on outcome objectives as well as specific progress on activities designed to address health disparities. Use performance monitoring data and other available sources to document the steps taken to implement policy, environmental, programmatic, and infrastructure changes by describing successes, barriers, and challenges.
- Over the five-year period of the cooperative agreement, develop and distribute at least 4 unique dissemination documents created for stakeholders or the broader community that are based on performance

monitoring data, health assessment data, and other program-related information, including results of pre- and post-intervention data collection efforts. These documents may be briefing updates, reports, or use other formats. Develop and disseminate at least one manuscript based on evaluation data for a total of 3 publications during the project period to support dissemination of best-practices from this effort. Identify any data or evaluation limitations.

- Regularly assess impact on reducing health disparities using the criteria for measuring health disparities described in Healthy People 2020 . At a minimum, health disparity measurements should be taken at the commencement and conclusion of the project period. (See http://healthypeople.gov/2020/about/disparitiesAbout.aspx).
- While performance monitoring is required for all activities in the CTIP, recipients must allocate resources and implement a balanced process and outcome evaluation plan of their innovative strategy, if selected. All recipients should conduct targeted evaluations of their selected strategies that enhance the existing evidence base, such as on the impact of Community Transformation Grants (CTG) work on health disparities or on the integration of clinical and other preventive services and community-level risk factor prevention strategies. These enhanced and innovative evaluation components should be designed with a methodology of sufficient rigor to measure their impact, and, if applicable, to inform the evidence base at the end of the project period and demonstrate whether or

not improvements in health outcomes occurred as a result of the five-year CTG work. Conduct enhanced evaluation of innovative strategies in collaboration with CDC and other recipients implementing similar innovation strategies.

- Within 30 days of finalizing the CTIP, submit to CDC an evaluation plan that meets the criteria described above and is directly tied to appropriate components of the Community Transformation Implementation Plan (refer to *Evaluation Guide on Developing an Evaluation Plan* available at http://www.cdc.gov/dhdsp/state_program/evaluation_guides/pdfs/evaluation_plan.pdf).
    - The plan must include a logic model that illustrates the relationship between program activities and expected outcomes and reflects initiative priorities (See Template in Appendix F).
    - The plan activities must be described on a timeline as they relate to proposed objectives in the CTIP.
    - The plan must include a methodological overview and a description of how the planned evaluation activities will:
        - Target high impact goals
        - Assess impact on health disparities
        - Ensure broad dissemination of evaluation findings to stakeholders at multiple levels.
    - The plan may focus on particular geographic or physical settings, age groups, or populations experiencing health disparities.

- Participate in CDC-designated evaluation capacity building workshops and webinars.

Performance will be measured by evidence of an approved evaluation plan covering core performance monitoring, and where applicable, enhanced evaluation, in coordination with a final CTIP submission 150 days post award and attendance at CDC-required evaluation capacity building workshops and webinars.

7. **Participation in Programmatic Support Activities**

- Identify and work with currently-funded CDC programs to identify policy and environmental change strategies and interventions to eliminate health disparities.
- If applicable, invite national experts and health-related foundations to provide programmatic support.
- Provide information on successful initiatives at the state and community level that can be widely disseminated, published on the web, and shared with other communities.
- Communicate, at least quarterly, with elected local, state and federal representatives to update them on progress that is being made in their district with Prevention and Public Health Fund resources.

Performance will be measured by evidence of collaboration with CDC, national experts, and others, related to program support and dissemination.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

CDC activities for this program, applicable to all recipients, are as follows:

- Provide ongoing state and community programmatic support to ensure success for Affordable Care Act-funded entities in the following areas:
    1. Community health assessment and planning
    2. Evidence and practice- based and innovative approaches
    3. Community mobilization and partnership development
    4. Program sustainability
    5. Policy, environmental, programmatic, and infrastructure change
    6. Evaluation
    7. Monitoring of risk behavior change and longer-term health outcomes
    8. Revising Community Transformation Implementation Plans
    9. Data analysis, utilization and dissemination
    10. Achieving health equity and addressing health disparities
- Foster the transfer of successful evidence- and practice-based strategies, program models and other forms of community programmatic support by convening trainings, meetings, workshops, web forums, conferences, and conference calls with recipients.

- Plan, implement, and organize Community Transformation Grant Action Institutes and Peer-to-Peer meetings for recipients and teams.
- Record best practices and community experiences for dissemination to existing recipients and other communities for replication of successful strategies.
- Collaborate with recipients to develop dissemination document for stakeholders or the community.
- Fund national experts to provide programmatic support in capacity building and implementing the prescribed set of strategic directions and the selected strategies.
- For capacity building recipients, evaluate their success in developing the infrastructure necessary to move from capacity building to implementation based on established criteria.
- Provide technical assistance for project evaluation.
- Implement National evaluation.

- Coordinate with other Federal agencies and existing community place-based revitalization and reform projects funded by the US Government, including efforts and activities funded by the Affordable Care Act.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement "CDC substantial involvement in this program" appears in the Activities Section above.

Award Mechanism: U58

Fiscal Year Funds: FY11 Prevention and Public Health Funds

Approximate Current Fiscal Year Funding: $102 million

Approximate Total Project Period Funding: $900 million. (This amount is an estimate, and is subject to availability of funds.) This includes direct and/or indirect costs.

Approximate Number of Awards: Up to 75 awards will be made for the CTG Initiative, but the number of awards will depend on the preceding factors and may fall outside of this approximate range of number of awards and amount of funding per award. Awards will vary with size of area, the proposed activities, and the needs of each community.

Approximate Average Award: Illustrative ranges are:

Category A - Capacity Building:

States, local governments, nonprofit organizations, Territories, Tribal and AI/AN Consortia: $50,000 - $500,000

(This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Category B - Implementation:

- States, local governments, nonprofit organizations : $500,000 – $10,000,000
- Territories: $100,000 – $150,000
- Tribal and AI/AN Consortia: $100,000 - $500,000

(This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Anticipated Award Date: September 15, 2011

Budget Period Length: 12 months

Project Period Length: 5 years

The specific amount of funding per community will be determined by proposed activities, population size, burden of disease, ability to reduce health disparities, quality of application, and likelihood of success.

Applicants serving populations within the same geographic area may apply for funding. CDC will fund only one application within the same geographic area. A funded county is responsible for implementing the program only within the geographic area of the county and must serve the entire county including any cities within the county. A funded state is responsible for implementing the program in all areas of the state not separately eligible for funding under this announcement as a county, or tribal grantee.

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- A local governmental agency (including city, county and district health departments), its bona fide agent, or its equivalent, as designated by the mayor, county executive, or other equivalent governmental official as the official applicant for this program.
- A state governmental agency, its bona fide agent, or its equivalent, as designated by the Governor, Health Officer, or other state executive as the official applicant for this program. For this announcement, the term "State" includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
- State nonprofit organizations
- Local nonprofit organizations
- Federally recognized American Indian Tribes and Alaska Native Villages
- Tribal organizations, which include Intertribal Councils and American Indian Health Boards which meet the definition set forth in 25 U.S.C. Section 1603(e) and are under a resolution that such organizations, councils, and boards represent the underlying tribes.
- Urban Indian Health Programs, tribal and intertribal consortia that meet the definition set forth in 25 U.S.C. Section 1603(f) or 1603(g).
  See http://www.law.cornell.edu/uscode/25/usc_sec_25_00001603----000-.html.

Applicants must provide a copy of a tribal resolution specific to this project from the tribe, or letter of support from the board if a tribal organization. Place this documentation behind the first page of your application form.

All applicants must be able to evaluate the health impact of the program on community members. Evaluation of the impact of the programs is mandated under Section 4201(c)(4) of the ACA which requires that eligible entities must use funding to "conduct activities to measure changes in the prevalence of chronic disease." For this announcement, counties with populations of 500,000 or more based on the 2009 US Census estimate found at http://www.census.gov/popest/counties/CO-EST2009-01.html are eligible to apply for funding separate from the state in order to achieve maximum population-level impact. Tribes, tribal organizations, and Urban Indian Health Programs are exempt from minimum population requirements for this program.

Any legal entity under the listings above may apply for either **Category A or B**, but not both, of the two categories (Category A - Capacity Building or Category B – Implementation).

Applicants serving populations within the same geographic area may apply for funding. CDC will fund only one application serving a population within the same geographic area.

A funded state is responsible for implementing the program in all areas of the state not separately eligible for funding under this announcement as a county, or tribal grantee. States containing rural or frontier areas must provide subgrants to one or more of these areas, individually or in combination.

A Bona Fide Agent is an agency/organization identified by the state or county as eligible to submit an application under the state or county eligibility in lieu of a state or county application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at **www.ccr.gov**.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching – Not required

- **Sustainability**
  - Although there is no statutory match requirement for this program, leveraging other resources and related on-going efforts to promote sustainability is strongly encouraged. Examples include complementary foundation funding, other US government funding sources including programs supported by other agencies such as the Corporation for National and Community Service, the Department of Agriculture, the Department of Education, the Department of Housing and Urban Development, the Department of Transportation, the Environmental Protection Agency, the US Park Service, and other funding sources. Applicants should also coordinate with multiple sectors, such as transportation, education, health care delivery, agriculture and others. In addition, funds received under this announcement should supplement and not supplant ongoing activities (not including time-limited ARRA-funded activities).

Other

Special Requirements:

- If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. Late applications will be considered non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Urban tribal and inter-tribal consortia are eligible if incorporated for the primary purpose of improving AI/AN health and representing such interests for the tribes,

Alaska Native Villages and corporations, or urban Indian communities located in its region. AI/AN tribes or urban communities represented may be located in one state or in multiple states.

- Tribal resolution or letters of support from the board of a tribal organization must be provided, as described.
- Proof of nonprofit status must be submitted by private nonprofit organizations as an appendix with the application. Any of the following is acceptable evidence of nonprofit status: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- A Bona Fide Agent is an agency/organization identified by the state, county, tribal entity or territory as eligible to submit an application under the state or county eligibility in lieu of a state or large county application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required (see Special Requirements section below).

Attach with "Other Attachment Forms" when submitting via www.grants.gov and label the letter "Bona Fide Agent Status."

- In accordance with applicable laws and regulations including 45 CFR 92.43 or Part 74, CDC may take certain enforcement actions, including termination of funding, against poor performing grants.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program. However, funds received under this FOA should supplement, not supplant, existing activities.

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS)

staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Letter of Intent (LOI):

Prospective applicants MUST SUBMIT a letter of intent that includes the following information:

- **Funding Opportunity** announcement title and number;
- Whether the application will be from a Large County, Tribal Applicant, Territory, or a State, as defined in section III. Eligible Applicants, and which area the applicant proposes to serve;

- The name of the lead/fiduciary agency or organization, the official contact person and that person's telephone number, fax number, mailing and email addresses;
- Whether the applicant intends to apply for Capacity Building or Implementation, and
- Whether the applicant will allow the name of the organization and contact information to be provided on a website which will be accessible to all applicants. This could facilitate a joint application if more than one letter if intent is submitted from one area.

Format:

The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. LOI must also include appendix G completed.

Although the LOI will not be scored as part of the application process, submission of the LOI is considered the submission of a formal application and the applicant will be subject to lobbying restrictions highlighted in section VIII. "Affordable Care Act Lobbying Restrictions." Applicants will be notified by email upon receipt of the LOI by CDC. LOIs must be received not later than the date indicated in the Part I entitled "Overview Information".

Applicants are required to submit a Letter of Intent (LOI) to be eligible to apply for this program. Failure to submit a LOI will result in non-responsiveness and the applicant will be prohibited from applying.

Submit the LOI by express mail or delivery service to:

Vivian Walker, Grants Management Officer – CDC-RFA-DP11-1103

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Rd, MS E-14

Atlanta, GA 30341

A **Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A **Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 30 for capacity building applicants; 50 for implementation applicants. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch

- Number all narrative pages; not to exceed the maximum number of pages.
- Applicant must clearly indicate if application is for capacity building or for implementation.

The narrative should address activities to be conducted over the entire project period for Capacity Building and must include the following items in the order listed. Using the Capacity Building Plan (CBP) template in Appendix A will facilitate preparation of your application and its review.

Capacity Building Application Content

A. Background and Need

- Describe current capacity to support the activities identified in the draft CBP, including identified timelines.
- Include a detailed description of support needed that could be provided by CDC, national experts, or expert communities.
- Describe potential partnerships and linkages with other community programs and public and private sector stakeholders.
- Describe past policy, environmental, programmatic, infrastructure successes, including lessons learned, if applicable.
- Describe the area, including a thorough description of the exact population size and descriptions of the populations to be served with special focus on populations in most need, including in rural and frontier areas.
- Include local data (where available), that provide the population size; substantiate the existing burden and disparities of chronic diseases and

conditions; substantiate existing health risk behaviors and risk factors related to chronic diseases; and describe assets and barriers to successful program implementation, including an understanding of the policies, environments, programs, and infrastructure in the area. Ensure that these data highlight geographic areas, including rural and frontier areas, if applicable, and populations of high need, which may include racial and ethnic minorities, low-income persons, the medically underserved, persons with disabilities, persons affected by mental illness or substance abuse, and sexual minorities.

B. Program Infrastructure

- Describe required staff, qualifications, and responsibilities using the information provided in the specific recipient activities of each component. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment. CV, resumes, and organizational charts may be submitted as appendices.
- Describe any barriers to staff attendance at CDC-sponsored trainings and other required meetings and how you will overcome those barriers.

C. Fiscal Management

- Describe how funding will be distributed to sub-recipients, as directed in the fiscal management section of recipient activities

- Describe how funding, including that to sub-recipients, will align with the goals of the initiative
- Describe fiscal management procedures and reporting systems
- Describe fiscal practices to capture funds leveraged from other sources

D. Leadership Team and Coalitions

- Identify potential members of the Leadership Team, including letters of support that detail their commitment to advancing the Community Transformation Grant. (Include letters of support as part of the Appendices).
- Describe the potential members of a community coalition or provide evidence of existing community coalition or coalitions; include the types of groups represented (you may include membership lists as part of the Appendices). Describe the past successes of the existing coalitions working with community leaders in advancing broad-based policy, environmental, programmatic, and infrastructure change strategies. Applicants who demonstrate ongoing effective coalitions will receive extra points during the review process.
- Letter of support, including from the city, county, state health official or a community organizations within the targeted area demonstrating their commitment to supporting the CTG activities and the reporting requirements, as highlighted in this FOA (letters of support can be included as part of the Appendices).

Applicants applying to serve as a large county must include letters of support from ALL health departments (e.g., city and county health departments, if they exist) located within and serving all or parts of the county AND a letter of support from the state health department.

Applicants applying to serve an entire state or an entire state not including large counties eligible to apply on their own must include a letter of support from the state health department AND a letter of support from one or more local health departments (city or county), if local health departments exist.

Applicants applying to serve one or more territories must include a letter of support from each Ministry of Health included in or serving the area proposed to be served by the applicant.

Applicants applying to serve a tribal area or tribal population must include a letter of support from Tribal organizations, which include Intertribal Councils and American Indian Health Boards which meet the definition set forth in 25 U.S.C. Section 1603(e) and are under a resolution that such organizations, councils, and boards represent the underlying tribes.

E. Community Health Assessment and Planning

- Describe plans for implementing an area-wide community health needs assessment and policy scan including identifying populations experiencing health disparities; assessing rates of chronic disease risk factors; identifying opportunities and barriers to change; and engaging populations experiencing health disparities, including populations in rural and frontier areas, if applicable.

F. Capacity Building Plan

- Submit draft Capacity Building Plan (CBP) using the template in Appendix A, as described in the recipient activities.

G. Performance Monitoring and Evaluation

- Describe core evaluation plan to monitor performance.
- Describe which staff will participate in CDC led national evaluation activities. Provide examples of how you will interact with health departments, national partners, and CDC on evaluation activities.

H. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support training requirements.

You may include additional information in appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curricula Vitae, résumés, position descriptions, organizational charts, letters of support, membership lists, and indirect cost agreement.

Implementation Application Content

A. Background and Need

- Describe current capacity to support the activities identified in the CTIP, including identified timelines.

  Include a detailed description of support needed that could be provided by CDC, national experts, or expert communities. All applicants must include a letter from an appropriate participating governmental or non-governmental organization within the targeted area indicating their collaboration with the applicant in carrying out proposed activities, as described below. Specifically, applicants applying to serve as a large county must include letters of support from ALL health departments (e.g., city and county health departments, if they exist) located within and serving all or parts of the county or city AND a letter of support from the state health department.

  Applicants applying to serve an entire state or an entire state not including large counties eligible to apply on their own must include a letter of support from the state health department AND a letter of support from one or more local health departments (city or county), if local health departments exist.

  Applicants applying to serve one or more territories must include a letter of support from each Ministry of Health included in or serving the area proposed to be served by the applicant.

Applicants applying to serve a tribal area or tribal population must include A letter of support from Tribal organizations, which include Intertribal Councils and American Indian Health Boards which meet the definition set forth in 25 U.S.C. Section 1603(e) and are under a resolution that such organizations, councils, and boards represent the underlying tribes. Letters of support may be included in the appendices.

- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable.
- Describe the area, including a thorough description of the exact population size and descriptions of the populations to be served with special focus on populations in most need, including in rural and frontier areas, if applicable.
- Include local data (where available), that provide the population size; substantiate the existing burden or disparities of chronic diseases and conditions; substantiate existing health risk behaviors and risk factors related to chronic diseases; and describe assets and barriers to successful program implementation, including an understanding of the policies, environments, programs, and infrastructure in the area . Ensure that these data highlight geographic areas (including rural and frontier areas) and populations of high need, which may include racial and ethnic minorities, low-income persons, the medically underserved, persons with disabilities, persons affected by mental illness or substance abuse, and sexual minorities.

B. Program Infrastructure

- Describe existing and additional required staff, qualifications, and responsibilities using the information provided in the specific recipient activities of the implementation section. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and hiring. CV, resumes, and organizational charts may be submitted as appendices.
- Describe any barriers to staff attendance at CDC-sponsored trainings and other required meetings and how you will overcome those barriers.

C. Fiscal Management

- Describe how funding will be distributed to sub-recipients, as directed in the fiscal management section of recipient activities, including, for state recipients, at least 20 percent of total award to rural and frontier counties, as applicable. Rural areas of the state must receive at least 20 percent of the total grant award or an amount consistent with their proportion of the state population, whichever is higher.
- Describe how funding, including that to sub-recipients, will align with the goals of the initiative.
- Describe fiscal management procedures and reporting systems.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe additional sources of funding the program will secure.

D. Leadership Team and Coalitions

a. Identify potential members of the Leadership Team, including letters of support that detail their commitment to advancing the selected broad-based policy, environmental, programmatic, and infrastructure changes aligned with the strategic directions, or other proposed strategies (include letters of support as part of the Appendices).

b. Describe existing community coalition(s), include the types of groups represented (you may include membership lists as part of the Appendices). Describe the past successes of the existing coalitions working with community leaders in advancing broad-based policy, systems, environmental, programmatic, and infrastructure change strategies.

c. If the applicant is not a county or state government agency, then a letter of support from the county, city or state health official demonstrating their commitment to supporting the CTG activities as highlighted in this FOA is required (letter of support can be included as part of the Appendices).

E. Community Transformation Implementation Plan

a. Include a Community Transformation Implementation Plan that describes an overall integrated approach that identifies the selected strategies; describes key activities; describes milestones and timelines on achieving strategy implementation; identifies anticipated policy outcomes; and includes SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed)

for each strategy. (Include your Community Transformation Implementation Plan as part of the Appendices).

- Provide examples of how you will interact with the health departments, national experts, grantees of other Federal Departments, other sectors, e.g., schools, parks and recreation, transportation, foundations and CDC and other agencies in the Department of Health and Human Services on the implementation of proposed strategies.
- Describe plans for sustainability.
- Submit draft Community Transformation Implementation Plan (CTIP) using the template in Appendix D, as described in the recipient activities.
- Additional points will be awarded to applicants who propose plans to integrate clinical and community components into a cohesive whole.

F. Selection of Strategies and Performance Measures

a. Describe selected strategies, including commitment to spend at least 50% of funding on the first three strategic directions: Tobacco-Free Living, Active Living and Healthy Eating, and High Impact Quality Clinical and Other Preventive Services, specifically preventing and controlling high blood pressure.

b. Provide a justification for why you selected these strategies, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources. Identify how you have addressed priority strategies. Describe how intervention strategies will maximize public health impact of CTG funding, including strength of

proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced, or contribution of innovative approaches to the evidence base for prevention.

c. If proposing an evidence-based strategy aligned with, but not included in the Community Transformation Strategic Directions Example List of Strategies, provide a justification for the choice of the strategy (e.g., identified need or opportunity) and demonstrate that it is an evidence-based strategy. If proposing an innovative strategy, demonstrate that it has the potential for broad reach and impact of a magnitude achievable with an evidence-based strategy. Also provide a plan to evaluate the impact of any proposed strategies that are not yet evidence-based in order to add to the evidence of effective community prevention interventions.

d. Describe how the strategies will affect the entire geographic area and how they have the potential for broad reach and impact. Ensure that the selection of strategies takes into account the gaps and opportunities that exist in the community. Describe how strategies will be implemented to reduce disparities.

e. Describe plans for addressing needs of populations experiencing health disparities; assessing rates of chronic disease risk factors; identifying barriers to change; and engaging populations experiencing health disparities.

G. Performance Monitoring and Evaluation

a. Describe core evaluation plan for utilizing performance monitoring information for ongoing program improvement and making midcourse corrections as needed, as described in recipient activities.

b. Describe plans for collecting data on the five core measures: changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and mental health.

c. Describe plans for enhanced or innovative evaluation if applicable.

d. Describe how innovative evaluations will be evaluated to document their effectiveness.

e. Provide evidence of willingness to participate in national evaluations as described in the recipient activities.

f. Provide examples of how you will interact with health departments, national partners, and CDC and others on evaluation activities.

H. Participation in Programmatic Support Activities

a. Describe how you will collaborate with CDC, public and private partners, other programs, national experts and foundations to implement strategies and eliminate health disparities.
b. Describe how you will disseminate lessons learned.

I. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support training requirements.

You may include additional information in appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curricula Vitae, résumés, position descriptions, organizational charts, letters of support, membership lists, and indirect cost agreement.

Additional information submitted via www.Grants.gov should be uploaded in a PDF file format, and should be named:

- "_(state two letter abbreviation)_(document name)"
  (e.g., _GA_ResuméSmith.pdf; _GA_OrgChartDivision.pdf)

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: June 6, 2011.

Application Deadline Date: July 15, 2011, 5:00pm Eastern Daylight Savings Time.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- No part of any appropriated funds used under this cooperative agreement shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending or proposed before the Congress or any State or local legislature, including city councils or ballot initiatives except in presentation to the Congress or any State or local legislature, including city councils, itself.
- (b) No part of any appropriated funds used under this cooperative agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending or proposed before the Congress or any State or local legislature or city council.
- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget.
- Recipients may not use funding for construction.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

- Recipients may not use funds for abortions in accordance with Executive Order 13535.
- If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

http://www.cdc.gov/od/pgo/funding/budgetguide.htm

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exist. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly

encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to

document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-DP11-1103. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

A. Capacity Building: Eligible applications will be evaluated against the following criteria:

1. Background and Need (15 points)

   Has the applicant described their area's need for support? Do data provided document the area's distribution of chronic disease conditions and risk factors? To what extent does the applicant describe populations with a disproportionate burden of disease and disability? Does applicant describe potential partnerships and linkages with other community programs and stakeholders?

2. Program Infrastructure (10 Points)

   Are proposed staff and recruitment plans consistent with the applicant's ability to carry out proposed activities?

3. Fiscal Management (10 Points)

   Are fiscal management plans adequate to support proposed activities?

4. Leadership Team and Coalition Plan (15 Points)

   Does the applicant present strong plans for building a coalition and leadership team(s) that include appropriate representation from the department of health, local leaders, multiple sectors, populations experiencing health disparities, and other populations consistent with the burden of chronic diseases and conditions as documented by the application? Are appropriate letters of support included, clearly supporting a commitment to proposed activities?

5. Community Health Assessment and Planning (15 Points)

Are proposed plans likely to succeed in assessing the burden of chronic diseases, identifying key populations in need, and identifying barriers to change?

6. Capacity Building Plan (25 points)

   Is the draft Capacity Building Plan consistent with the issues identified in the applicant's background and proposed Community Health Assessment? Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

7. Performance Monitoring and Evaluation (10 points)

   To what extent is the applicant's core evaluation plan likely to monitor the program's success (or lack of success)?

8. Budget (SF 424A) and Budget Narrative (Reviewed, but not scored).

   Although the budget is not scored, applicants should consider the following in development of their budget. Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities?

B. Implementation: Eligible applications will be evaluated against the following criteria:

1. Background and Need (10 points)

   Has the applicant described their area's need for support? Do the data provided document the area's distribution of chronic disease conditions and risk factors? Has the applicant described past successes and discussed

challenges and how they were addressed in implementing policy, environmental, programmatic, and infrastructure strategies? To what extent does the applicant describe populations with a disproportionate burden of disease and disability?

2. Program Infrastructure (15 Points)

   Are proposed staff and recruitment plans consistent with the applicant's ability to carry out proposed activities?

3. Fiscal Management (5 Points)

   Are fiscal management plans adequate to support proposed activities? Has the applicant described plans for coordinating the overall program with funding to sub-recipients? Has the applicant provided strong sustainability plans? When applicable, has the applicant clearly noted the amount of funds to be awarded to rural and frontier sub-recipients?

4. Leadership Team and Coalitions (20 Points)

   Does the coalition include appropriate representation from the department of health, local and statewide leaders, multiple sectors, populations experiencing health disparities, and other populations consistent with the burden of chronic diseases and conditions as documented by the application? Do past coalition activities support the applicant's ability to carry out activities under this program? Are appropriate letters of support included, clearly supporting a commitment to proposed activities?

5. Community Transformation Implementation Plan (20 points)

How well are proposed strategies integrated into a coordinated overall plan that will address the needs of the area as a whole and the special needs of populations experiencing health disparities? Does the plan include a foundation for sustainability of CTG work? Are community and clinical components integrated? Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives? Up to 5 points (of the total 20 for this criterion) should be awarded based on evidence of past successes of the Leadership Team and Coalition, which may predict likely future success in implementing broad-based Policy, Environmental, Programmatic and Infrastructure changes.)

6. Selection of Strategies and Performance Measures (15 points)

   Does the applicant's proposed plan present a cohesive set of strategies that include spending at least 50% of funds in the first three strategic directions: Tobacco-Free Living, Active Living and Healthy Eating, and High Impact Quality Clinical Preventive Services? Do proposed strategies align with the needs identified in the application and the capacity of the Leadership Team and Coalitions? How well do the proposed strategies address both area wide needs and needs of populations experiencing health disparities? Do proposed strategies strive to maximize public health impact of CTG funding (as measured by strength of proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities

will be reduced, or contribution to innovation of viable new approaches)? To what extent is the applicant able to collect area level data and evaluate their impact on changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and mental health?

7. Performance Monitoring and Evaluation (10 Points)

   Is the applicant's core evaluation plan likely to measure the program's success? Has the applicant described its willingness to participate in overall program evaluation with CDC and other recipients? To what extent is the applicant able to collect area level data and evaluate their impact in improving proper nutrition, physical activity, reducing tobacco prevalence, and improving emotional well-being? Do any proposed enhanced or innovative evaluations hold potential to expand the evidence base? Are the measures of effectiveness related to the performance goals stated in the "Purpose" section? Are the measures of effectiveness objective, quantitative and do they measure the intended outcome of the proposed program? Are the measures of effectiveness included in the application?

8. Participation in Programmatic Support Activities (5 points)

   Does the applicant describe its plan to collaborate with CDC, national experts, NGOs, and others to disseminate program successes and lessons learned?

9. Budget (SF 424A) and Budget Narrative (Reviewed, but not scored)

   Although the budget is not scored, applicants should consider the following in development of their budget. Is the itemized budget for

conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by National Center for Chronic Disease Prevention and Health Promotion and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled

"Evaluation Criteria". The review panel will be conducted by federal employees from within and outside the funding center.

Selection

Applications will be funded in order, by score and rank, determined by a review panel.

In addition, the following factors may affect the funding decision: geographic diversity; representation of a varied mixture and type of strategies; inclusion of communities of varying sizes; and inclusion of populations and areas with a high burden of chronic diseases and those which bear the highest burden of health disparities. Only one application for each area will be selected for funding. The highest ranking applicant from any one area will be funded based on score, regardless of whether the applicant is capacity building or implementation (see section III: eligibility).

CDC will ensure that a minimum of 20% of total funds awarded are directed to rural or frontier areas.

CDC will provide justification for any decision to fund out of rank order.

VI. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between

the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status

- AR-16 Security Clearance Requirement
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-26 National Historic Preservation Act of 1966
  (Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on

each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Each funded applicant must provide CDC with a semi-annual Interim Progress Report submitted via www.grants.gov: This report should document progress to meeting programmatic objectives and include success stories related to efforts under the grant.

1. The interim progress report is due no less than 90 days before the end of the budget

period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:

a. Standard Form ("SF") 424S Form.

b. SF-424A Budget Information-Non-Construction Programs.

c. Budget Narrative.

d. Indirect Cost Rate Agreement.

e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Federal Financial Report* (FFR) (SF 425) and annual progress report, no more than 90 days after the end of the budget period.
3. Final performance and Federal Financial Reports*, no more than 90 days after the end of the project period.

*Disclaimer: As of February 1, 2011, current Federal Financial Report requirements became obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled "Agency Contacts".

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

John R. Lehnherr

Department of Health and Human Services

Centers for Disease Control and Prevention

3005 Chamblee Tucker Road

E-mail: ctg@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Vivian Walker, Grants Management Officer

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-09

Atlanta, GA 30341

E-mail: vew4@cdc.gov

For assistance with **submission difficulties,** contact:

Grants.gov Contact Center Phone: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

VIII. Other Information

ctg@cdc.gov

For additional information on reporting requirements, visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.